

SB1009



94TH GENERAL ASSEMBLY
State of Illinois
2005 and 2006
SB1009

Introduced 2/18/2005, by Sen. Carol Ronen - Emil Jones, Jr.

SYNOPSIS AS INTRODUCED:

405 ILCS 80/3-3

from Ch. 91 1/2, par. 1803-3

Amends the Developmental Disability and Mental Disability Services Act. Makes a technical change in a Section concerning definitions.

LRB094 04692 RXD 34721 b

FISCAL NOTE ACT
MAY APPLY

A BILL FOR

1 AN ACT concerning health.

2 **Be it enacted by the People of the State of Illinois,**
3 **represented in the General Assembly:**

4 Section 5. The Developmental Disability and Mental
5 Disability Services Act is amended by changing Section 3-3 as
6 follows:

7 (405 ILCS 80/3-3) (from Ch. 91 1/2, par. 1803-3)

8 Sec. 3-3. As used in this Article, unless the context
9 requires otherwise:

10 (a) "Agency" means an agency or entity licensed by the ~~the~~
11 Department pursuant to this Article or pursuant to the
12 Community Residential Alternatives Licensing Act.

13 (b) "Department" means the Department of Human Services, as
14 successor to the Department of Mental Health and Developmental
15 Disabilities.

16 (c) "Department-funded out-of-home placement services"
17 means those services for which the Department pays the partial
18 or full cost of care of the residential placement.

19 (d) "Family" or "families" means a family member or members
20 and his, her or their parents or legal guardians.

21 (e) "Family member" means a child 17 years old or younger
22 who has one of the following conditions: severe autism, severe
23 emotional disturbance, severe or profound mental retardation,
24 or severe and multiple impairments.

25 (f) "Legal guardian" means a person appointed by a court of
26 competent jurisdiction to exercise certain powers on behalf of
27 a family member and with whom the family member resides.

28 (g) "Parent" means a biological or adoptive parent with
29 whom the family member resides, or a person licensed as a
30 foster parent under the laws of this State, acting as a family
31 member's foster parent, and with whom the family member
32 resides.

1 (h) "Severe autism" means a lifelong developmental
2 disability which is typically manifested before 30 months of
3 age and is characterized by severe disturbances in reciprocal
4 social interactions; verbal and nonverbal communication and
5 imaginative activity; and repertoire of activities and
6 interests. A person shall be determined severely autistic, for
7 purposes of this Article, if both of the following are present:

8 (1) Diagnosis consistent with the criteria for
9 autistic disorder in the current edition of the Diagnostic
10 and Statistical Manual of Mental Disorders;

11 (2) Severe disturbances in reciprocal social
12 interactions; verbal and nonverbal communication and
13 imaginative activity; and repertoire of activities and
14 interests. A determination of severe autism shall be based
15 upon a comprehensive, documented assessment with an
16 evaluation by a licensed clinical psychologist or
17 psychiatrist. A determination of severe autism shall not be
18 based solely on behaviors relating to environmental,
19 cultural or economic differences.

20 (i) "Severe mental illness" means the manifestation of all
21 of the following characteristics:

22 (1) a severe mental illness characterized by the
23 presence of a mental disorder in children or adolescents,
24 classified in the Diagnostic and Statistical Manual of
25 Mental Disorders (Third Edition - Revised), as now or
26 hereafter revised, excluding V-codes (as that term is used
27 in the current edition of the Diagnostic and Statistical
28 Manual of Mental Disorders), adjustment disorders, mental
29 retardation when no other mental disorder is present,
30 alcohol or substance abuse, or other forms of dementia
31 based upon organic or physical disorders; and

32 (2) a functional disability of an extended duration
33 which results in substantial limitations in major life
34 activities.

35 A determination of severe mental illness shall be based
36 upon a comprehensive, documented assessment with an evaluation

1 by a licensed clinical psychologist or a psychiatrist.

2 (j) "Severe or profound mental retardation" means a
3 manifestation of all of the following characteristics:

4 (1) A diagnosis which meets Classification in Mental
5 Retardation or criteria in the current edition of the
6 Diagnostic and Statistical Manual of Mental Disorders for
7 severe or profound mental retardation (an IQ of 40 or
8 below). This must be measured by a standardized instrument
9 for general intellectual functioning.

10 (2) A severe or profound level of adaptive behavior.
11 This must be measured by a standardized adaptive behavior
12 scale or informal appraisal by the professional in keeping
13 with illustrations in Classification in Mental
14 Retardation, 1983.

15 (3) Disability diagnosed before age of 18.

16 A determination of severe or profound mental retardation
17 shall be based upon a comprehensive, documented assessment with
18 an evaluation by a licensed clinical psychologist, certified
19 school psychologist, a psychiatrist or other physician
20 licensed to practice medicine in all its branches, and shall
21 not be based solely on behaviors relating to environmental,
22 cultural or economic differences.

23 (k) "Severe and multiple impairments" means the
24 manifestation of all the following characteristics:

25 (1) The evaluation determines the presence of a
26 developmental disability which is expected to continue
27 indefinitely, constitutes a substantial handicap and is
28 attributable to any of the following:

29 (A) Mental retardation, which is defined as
30 general intellectual functioning that is 2 or more
31 standard deviations below the mean concurrent with
32 impairment of adaptive behavior which is 2 or more
33 standard deviations below the mean. Assessment of the
34 individual's intellectual functioning must be measured
35 by a standardized instrument for general intellectual
36 functioning.

1 (B) Cerebral palsy.

2 (C) Epilepsy.

3 (D) Autism.

4 (E) Any other condition which results in
5 impairment similar to that caused by mental
6 retardation and which requires services similar to
7 those required by mentally retarded persons.

8 (2) The evaluation determines multiple handicaps in
9 physical, sensory, behavioral or cognitive functioning
10 which constitute a severe or profound impairment
11 attributable to one or more of the following:

12 (A) Physical functioning, which severely impairs
13 the individual's motor performance that may be due to:

14 (i) Neurological, psychological or physical
15 involvement resulting in a variety of disabling
16 conditions such as hemiplegia, quadriplegia or
17 ataxia,

18 (ii) Severe organ systems involvement such as
19 congenital heart defect,

20 (iii) Physical abnormalities resulting in the
21 individual being non-mobile and non-ambulatory or
22 confined to bed and receiving assistance in
23 transferring, or

24 (iv) The need for regular medical or nursing
25 supervision such as gastrostomy care and feeding.

26 Assessment of physical functioning must be based
27 on clinical medical assessment, using the appropriate
28 instruments, techniques and standards of measurement
29 required by the professional.

30 (B) Sensory, which involves severe restriction due
31 to hearing or visual impairment limiting the
32 individual's movement and creating dependence in
33 completing most daily activities. Hearing impairment
34 is defined as a loss of 70 decibels aided or speech
35 discrimination of less than 50% aided. Visual
36 impairment is defined as 20/200 corrected in the better

1 eye or a visual field of 20 degrees or less. Sensory
2 functioning must be based on clinical medical
3 assessment using the appropriate instruments,
4 techniques and standards of measurement required by
5 the professional.

6 (C) Behavioral, which involves behavior that is
7 maladaptive and presents a danger to self or others, is
8 destructive to property by deliberately breaking,
9 destroying or defacing objects, is disruptive by
10 fighting, or has other socially offensive behaviors in
11 sufficient frequency or severity to seriously limit
12 social integration. Assessment of behavioral
13 functioning may be measured by a standardized scale or
14 informal appraisal by the medical professional.

15 (D) Cognitive, which involves intellectual
16 functioning at a measured IQ of 70 or below. Assessment
17 of cognitive functioning must be measured by a
18 standardized instrument for general intelligence.

19 (3) The evaluation determines that development is
20 substantially less than expected for the age in cognitive,
21 affective or psychomotor behavior as follows:

22 (A) Cognitive, which involves intellectual
23 functioning at a measured IQ of 70 or below. Assessment
24 of cognitive functioning must be measured by a
25 standardized instrument for general intelligence.

26 (B) Affective behavior, which involves over and
27 under responding to stimuli in the environment and may
28 be observed in mood, attention to awareness, or in
29 behaviors such as euphoria, anger or sadness that
30 seriously limit integration into society. Affective
31 behavior must be based on clinical medical and
32 psychiatric assessment using the appropriate
33 instruments, techniques and standards of measurement
34 required by the professional.

35 (C) Psychomotor, which includes a severe
36 developmental delay in fine or gross motor skills so

1 that development in self-care, social interaction,
2 communication or physical activity will be greatly
3 delayed or restricted.

4 (4) A determination that the disability originated
5 before the age of 18 years.

6 A determination of severe and multiple impairments shall be
7 based upon a comprehensive, documented assessment with an
8 evaluation by a licensed clinical psychologist or
9 psychiatrist. If the examiner is a licensed clinical
10 psychologist, ancillary evaluation of physical impairment,
11 cerebral palsy or epilepsy must be made by a physician licensed
12 to practice medicine in all its branches.

13 Regardless of the discipline of the examiner, ancillary
14 evaluation of visual impairment must be made by an
15 ophthalmologist or a licensed optometrist.

16 Regardless of the discipline of the examiner, ancillary
17 evaluation of hearing impairment must be made by an
18 otolaryngologist or an audiologist with a certificate of
19 clinical competency.

20 The only exception to the above is in the case of a person
21 with cerebral palsy or epilepsy who, according to the
22 eligibility criteria listed below, has multiple impairments
23 which are only physical and sensory. In such a case, a
24 physician licensed to practice medicine in all its branches may
25 serve as the examiner.

26 (Source: P.A. 89-507, eff. 7-1-97.)